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## BIB DATA SHEET

CONFIRMATION NO. 6987

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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## APPLICANTS

Harold Garrison, Pleasanton, CA;  
 Robert M. Abrams, Los Gatos, CA;  
 Jesse E. Casados, San Ramon, CA;  
 Roger Farnholtz, Fremont, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/24/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	/MANUEL A MENDEZ Examiner's Signature	<input type="checkbox"/> Met after Allowance	Initials	CA	20	81	6

## ADDRESS

CROMPTON, SEAGER & TUFTE, LLC  
 1221 NICOLLET AVENUE  
 SUITE 800  
 MINNEAPOLIS, MN 55403-2420  
 UNITED STATES

## TITLE

Apparatus and method for treating intravascular disease

FILING FEE RECEIVED 2100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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